

Worcestershire Health and Well-being Board Joint Strategic Needs Assessment

Ageing Well - Living Longer and in Good Health

Information Lead: Matthew Fung, MFPH
Version: 1.0

Compiled By: Directorate of Public Health

Date: October 2019

Review Date: October 2020

Contents

Foreword	
Potential Issues in Worcestershire	3
Key points	3
Life Expectancy and Healthy Life Expectancy.....	5
Ageing: People Aged 65 Years and Over	7
Physical Health	7
Limiting Long-term Illness	9
Frailty	9
Mental Health.....	9
Living Conditions.....	10
Demands on the Health and Social Care System	12
Further Information and Feedback.....	14

Influenza

Influenza is a highly infectious viral illness. A vaccination is offered to people who are at greater risk of developing serious complications if they catch it. Over 65s are a priority group for receiving influenza vaccination.

In the 2017/18 flu season, 74.7% of people aged 65 and over in Worcestershire were immunised, which is just below the national target value of 75%.

Stroke

13,287 people registered with Worcestershire GPs are recorded as having had a stroke or transient ischaemic attack (TIA). This is 2.2% of patients which is higher the national figure of 1.8%.

Stroke deaths in Worcestershire occur at a higher rate than nationally (the Standardised Mortality Ratio is 110.5). Worcestershire ranks 4th worst of 16 similar local authorities on this measure.⁴ Three quarters of stroke deaths occur after the age of 65.

One of the factors underlying high stroke mortality is atrial fibrillation. Atrial fibrillation (AF) increases the risk of stroke by a factor of five, and strokes caused by AF are often more severe, with higher mortality and greater disability. AF is under-diagnosed and under-treated: up to a third of people with AF are unaware they have the condition and even when diagnosed inadequate treatment is common – large numbers do not receive anticoagulants or have poor anticoagulant control. Table 1 shows that Worcestershire has high prevalence of both stroke and atrial fibrillation.

Table 1. Stroke and Atrial Fibrillation Prevalence by CCG, 2017/18

Key Facts	Redditch and Bromsgrove CCG	South Worcestershire CCG	Wyre Forest CCG	Worcestershire	England
Atrial fibrillation QOF prevalence (similar CCGs)	2.1% (2.3%)				

Limiting Long-term Illness

Limiting long-term illness is defined as an illness that affects daily activities. It is estimated that nearly half (47%) of older people in Worcestershire have a limiting long-term illness. This equates to 63,000 people and this number is forecast to increase by 38% between 2019 and 2035.

Frailty

Frailty is a syndrome associated with, but not directly related to, age. It is characterised by a deterioration of function where an apparently minor event, for example, an infection or change in medication may result in a striking and disproportionate change in health. les9b (es)-4 (-i)

rate⁷ for those aged 65 and over in 2018 was lower than the England level at 59.7% (England = 67.5%).

Depression in later life can be a major cause of ill health and can have a severe effect on physical and mental wellbeing. Older people are particularly vulnerable to factors that can lead to depression such as bereavement, physical disability and illness and loneliness. Depression is estimated to affect 11,630 people aged over 65 in Worcestershire (2019; POPPI).

Living Conditions

Social Isolation

In Worcestershire it is estimated that 15,160 males and 28,350 females aged 65 and over are living alone. By 2035 these numbers are expected to rise by 36% for both genders.⁸ While there is no direct relationship between living alone and loneliness, it is clearly a contributory factor.

Only half (49%) of adult social care users in Worcestershire have as much social contact as they would like (Public Health England estimates).

Fuel Poverty

Fuel poverty is driven by three main factors: income, current cost of energy and energy efficiency of the home. A household is considered to be fuel poor if they have required fuel costs that are above average and, were they to spend that amount, they would be left with a residual income below the official poverty line.⁹

Health effects of fuel poverty can include: respiratory conditions, mental health and studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.¹⁰

Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate which is 11.1%.¹¹ The issue disproportionately affects older people given, for example, the link between cold homes and respiratory conditions. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60 (older people households). If Worcestershire followed this pattern 5,000 households would fall into this category.

⁷ The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population in Worcestershire.

⁸ Projecting Older People Population Information (POPPI) projections. Available from: <https://www.poppi.org.uk/>

⁹ JSNA Briefing on Fuel Poverty (2016), Worcestershire County Council
http://www.worcestershire.gov.uk/download/downloads/id/9407/2016_briefing_on_fuel_poverty.pdf

¹⁰ (UCL Institute of Health Equity (2011). The Health Impacts of Cold Homes and Fuel Poverty. Available from:

Unpaid Care

It is estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire, this is forecast to grow by 28% to 25,670 by 2035 (a person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age). Over a third of older people (7,345, 36.5%) in Worcestershire providing unpaid care are doing so for 50 or more hours a week.¹²

¹² Projecting Older People Population Information (POPPI) projections. Available from: <https://www.poppi.org.uk/>

Demands on the Health and Social Care System

Table 2 illustrates the potential effect of population change on the numbers of older people with key health conditions. The numbers are projected to increase by 28%-56% between 2019 and 2035. This increase in numbers is likely to lead to a substantial rise in the demand for social care and health services in future

Figure 2. Older People's Health in Worcestershire: Key Facts



Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these reports and how they could better suit your requirements, please do contact us with your ideas.

Email: jfulton@worcestershire.gov.uk Tel: 01905 843359